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AUTHORIZED UTILITY REPRESENTATIVE FORM FOR TELECOMMUNICATIONS CARRIERS TYPE: [x] IXC [x] CLEC [] ILEC [] Wireless

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			CERTIFICAT	ED COMPA	NY INFORMATION	1
LM	MK COMMUNICATION	NS LLC				
	mpany Name				FEIN/SSI	•
은	ARITY COMMUNIC	<u>ATIONS GF</u>	ROUP, INC. (56	5-2088064)	<u>(919) 623-410</u>	1
00	a/IKa				Telephone	
963	50 STRICKLAND RE) #103-143			_	
1	ailing Address					
	LEIGH, NC 27615					
	y, State, Zip Code					
Bus	9 BAILEYWICK RD siness Location	#203				
	LEIGH, NC 27615 y, State, Zip Code	_			WAKE	
	, otate, zip code				County	
			REGISTER	ED AGENT II	NFORMATION	
Reg	istered Agent:	CT CORPO				
Mail	ing Address:	2 OFFICE	PARK CT #103	<u></u> _		
City	State 7in Code	00111	MDIA OO SSEE			
Oity,	State, Zip Code:	COLU	MBIA, SC 2922	23		
Α.	JENNIFER MENGE General Manager (919-623-4101		ess if different than	above.)		ontact for the following areas:
	Telephone Number		/ 80 Facsimile Nun	0-830-5093	/ JENNIFER E-mail Address	R@NETWORKCLARITY.COM
3.	SAME AS A.		, additing (tall		E-mail Address	R. F. Commence
- .	Customer Relations	Complaints	Representative	(Include address	s if different than above	RI COM
		,	· · · · · · · · · · · · · · · · · · ·	(moldde addres	s ii dillerent than abov	/e.)
	Telephone Number		Facsimile Num	ber	E-mail Address	t ses
21.	SAME AS A.					MAIL / DIMS
	Customer Relations	/Complaints	Representative for	or Escalated Co	omplaints (Include	address if different than above.)
				1	(molade	address if different than above.)
	Telephone Number		Facsimile Num	ber	E-mail Address	
2.	877-925-2748					
	Customer Contact (1	foll Free Nun	nber)			
•	CARL MILLER					
	Engineering Operation	ons (include				
	919-841-4212 Telephone Number	/	919-841-4535 Facsimile Number	/	CARL@NETWORKCL	ARITY.COM
	SAME AS D.		- dodining Nulling	;i	E-mail Address	
	Test and Repair (Inc	lude address	if different than ah	ove)		
		1	winorom man av	uv u. .)		
	Telephone Number		Facsimile Numbe	/ r	E-mail Address	

F.	Emergencies (During no							
		n-oπice nours)						
	877-925-2748 Telephone Number	/ 919-841-453	5 / CARL@NETWORKCLARITY.CO	М				
		Facsimile Number	E-mail Address					
<u>In a</u>	iddition, please provide the fol	lowing company contact inform	mation to assist in proper routing of corre	Spondence and invoice				
G.	SAME AS A.							
	Regulatory Officer (Include address if different than above.)							
	Telephone Number							
H.	SAME AS A.	Facsimile Number	E-mail Address					
	Dual Party Mailings (Nar	ne)						
	Mailing Address							
	Telephone Number	/ Facsimile Number						
1.	SAME AS A.	racsimile Number	E-mail Address					
1.	Interim LEC Fund Mailings (Name)							
	——————————————————————————————————————							
	Mailing Address							
	Telephone Number							
ı		Facsimile Number	E-mail Address					
J.	SAME AS A. Universal Service Fund Mailine (A)							
	Universal Service Fund Mailings (Name)							
	Mailing Address							
		1	1					
	Telephone Number	Facsimile Number	E-mail Address					
ζ.	SAME AS A							
	Gross Receipts Mailings (Name)							
	Mailing Address							
		1						
	Telephone Number	Facsimile Number	E-mail Address					
	SAME AS A		L Mail Address					
	Lifeline Mailings (Name)							
	A4-17 A 1 1							
	Mailing Address							
	Telephone Number	Facsimile Number	F mail Address					
		r dodiniio ranibei	E-mail Address					
	JENNIFER MENGE							
	This form was completed by (—— print name)	anely 11	-11				
		•	Signature					
	ASSISTANT SECRETARY & ASSISTANT TREASUERE Title		3/20//2					
			Date					
	RETURN COMPLETED FORM	1 TO:						
	Public Service Cor	mmission of SC	Office of Regulators Out					
	Clerk's Office		Office of Regulatory Staff Attn: Jeanne Gordon					
	Post Office Drawe		1401 Main Street, Suite 900					
	Columbia, South C	Sarolina 29211	Columbia, South Carolina 29201	(Rev. PSC 11/2010)				
				(NEV. FOC 11/2070)				